

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLA LANCASTER (110393)

Address: 1330 ARBOR OAKS LANE, LANCASTER, WI 53813

License Status: REGULAR

Licensed/Certified/Registered 04/18/1995

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0091818 **End Date:** 12/17/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007921 Served 01/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/01/2006	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/01/2006	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	06/01/2006	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/13/2004 SOD #10007921 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

FORFEITURE---50.065(2)(bm)
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(c)
FORFEITURE---83.21(4)(n)4

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Complaint History

Date Complaint Received: 06/03/2005

Date Investigation Completed: 07/26/2005

Subject Area(s)

ABUSE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

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